Pace Avalytical

Section A

Required Client Information:
Company: USS Corporation
Address: P.O. Box 417
Mt. Iron, MN 55768

Required Project Information:
Report To: Tom Moe
Copy To:

Purchase Order #

Pace Quote: Address: CHAIN-OF-CUSTODY 100#:1270845

Section C PM: MMW Due Invoice Informati CLITENT: USS CORP Attention:

Due Date: 08/03/16

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Regulatory Agency State / Location

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						ADDITIONAL COMMENTS											WS-003 Thickner Overflow	WS-002 Scrubber Make-Up	SAMPLE ID One Character per box. (AZ 0-91, -) Sample lds must be unique			Requested Due Date:	Fax
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Received Ice	on			}	٠ς	SAMP											냐,냐	LF,LF			ris M	ŀ	5
(Y/N) Custody		_	4			LE CC											ļ "	"					ĝ
Sealed Cooler				ļ	اح	SAMPLE CONDITIONS																	W.
(Y/N)		\sqcup	_			SNOI																	
Samples Intact (Y/N)				+	7																		300 NO.

Pace Analytical*

Document Name: Sample Condition Upon Receipt Form

Document No.: F-VM-C-001-Rev.09

Document Revised: 23Feb2015

Page 1 of 1
Issuing Authority:

Pace Virginia, Minnesota Quality Office

Sample Condition Client Name: Upon Receipt: USS COO	satio	<u>'^</u>	Project :	WO#:1270845
Courier: ☐Fed Ex ☐UPS ¹ ☐Commercial ☐Pace	USPS	بكلت	lient	1270885
Commercial Pace Tracking Number:	UOther	:		
Custody Seal on Cooler/Box Present? Yes		Seats I	ntact? [Yes Optional: Proj. Due Date: Proj. Name:
Packing Material: Bubble Wrap Bubble B	ags 🔼	€ 0e [Other:	Temp Blank?
Thermometer Used: 140792808	Type of	ice:	Wet [Blue None Samples on ice, cooling process has begun
Cooler Temp Read °C: Sey Cooler Temp	• •	· ·	7	
Temp should be above freezing to 6°C Correction Fa				Biological Tissue Frozen? Ves No NA d Initials of Person Examining Contents:
				Comments:
Chain of Custody Present?	√Yes	□No	□n/a	1.
Chain of Custody Filled Out?	Yes	□No	□n/a	2.
Chain of Custody Relinquished?	- Eves	□No	□N/A	3.
Sampler Name and Signature on COC?	, Res	□No	□n/a	4.
Samples Arrived within Hold Time?	- Des	□No	□n/a	5.
Short Hold Time Analysis (<72 hr)?	Yes	_Z_M ₀	□N/A	6.
Rush Turn Around Time Requested?	□Yes	∑ ₩	□N/A	7.
Sufficient Volume?	Ves	□No	□N/A	8.
Correct Containers Used?	∑tes	□ No	□n/a	9.
-Pace Containers Used?	∑	□No	□n/a	
Containers Intact?	≥ √es	□No	□n/a	10.
Filtered Volume Received for Dissolved Tests?	Yes	Mο	□n/a	11. Note if sediment is visible in the dissolved containers. $Lab F'/f$
Sample Labels Match COC?	Ves	□No	□n/a	12.
-Includes Date/Time/ID/Analysis Matrix:				-
All containers needing acid/base preservation will be checked and documented in the pH logbook.	□Yes	□No	XN/A	See pH log for results and additional preservation documentation
Headspace in Methyl Mercury Container	Yes	□No	ZN/A	13.
Headspace in VOA Vials (>6mm)?	Yes	□No	ZYYA.	14.
Trip Blank Present?	Yes	· 🗌 No	₽ŽÍV/A	15.
Trip Blank Custody Seals Present?	∐Yes	□No	.ÆN/A	
Pace Trip Blank Lot # (if purchased):	-		•	
CLIENT NOTIFICATION/RESOLUTION				Field Data Required? Yes No
Person Contacted:				Date/Time:
Comments/Resolution:				
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FECAL WAIVER ON FILE Y N	, /	ТЕМ	PERATU	RE WAIVER ON FILE Y N

Project Manager Review:

Date:

Date: